

Revision: HCFA-PM-92-1
FEBRUARY 1992

(MB)

16-17

State: _____

SOUTH DAKOTA

Citation(s)

2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

- (a) The financial eligibility conditions for
Medicaid-only eligibility groups and for
persons deemed to be cash assistance
recipients are described in ATTACHMENT 2.6-A.

TN No. 92-09
Supersedes 91-18 Approval Date 4/17/92 Effective Date 1-1-92
TN No. _____